

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
 1. County of Gila  
 District of Inspiration  
 Town of Miami  
 or  
 City of \_\_\_\_\_

State Index No. 134  
 County Registrar No. 398  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Nicholas Garcia  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

3. Sex of Child male  
To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth Sept 10 1927  
Month, Day, Year

8. FATHER  
 Full name Ceopas Garcia  
 9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
 10. Color or race Mexican  
 11. Age at last birthday 36 (Years)  
 12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico  
 13. Occupation Miner  
Nature of industry Copper

14. MOTHER  
 Full maiden name Juana Gonzales  
 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico  
 19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 3  
 (c) Stillborn 1  
 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:45 P. m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature J. J. Miller  
(Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Sept 15 27 19\_\_\_\_  
 Local Registrar C. E. Tim

Registrar \_\_\_\_\_  
 Filed \_\_\_\_\_ 19\_\_\_\_  
 County Registrar \_\_\_\_\_

571-910-172